



## **Application Data Sheet** **Under 37 C.F.R. § 1.76**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title :: Artificial Vertebral Disk Replacement Implant  
with Crossbar Spacer and Method

Attorney Docket Number:: KLYCD-05008US1

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: 1

Total Formal Drawing Sheets:: 8

Small Entity?: Yes

Latin name::

Variety denomination name::

Petition included?: No

Petition Type::

Licensed US Govt. Agency:: No

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity

Given Name:: Steve  
Middle Name::  
Family Name:: Mitchell  
Name Suffix::  
City of Residence:: Pleasant Hill  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 776 Duke Circle  
City of mailing address:: Pleasant Hill  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94523

## **Correspondence Information**

Correspondence Customer Number :: 23910

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 415/362-3800  
Fax Number: 415/362-2928  
E-Mail address:: officeactions@fdml.com

## Representative Information

Representative Customer Number::	23910	
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## Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	claims benefit under 35 USC 119(e) of	60/422,021	10/29/02

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name:: St. Francis Medical Technologies, Inc.  
Street of mailing address:: 1900 Bates Avenue, Suite L  
City of mailing address:: Concord  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94520